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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F45359** (9)
1. Corporation Name
**TOWN & COUNTRY PROFESSIONAL CHEMICAL SUPPLIES, I
NC.**



Principal Place of Business Mailing Address
% SUSAN CAMARAIRE **% SUSAN CAMARAIRE**
2221 NW 64 AVENUE **2221 NW 64 AVENUE**
SUNRISE FL 33313 **SUNRISE FL 33313-3937**

3. Date Incorporated or Qualified **09/21/1981** 3a. Date of Last Report **03/07/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2128237	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

CAMARAIRE, SUSAN
2221 NW 64 AVENUE
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	V.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMARAIRE, PAUL J	1.2 NAME	RONALD CAMARAIRE
STREET ADDRESS	2221 NW 64 AVENUE	1.3 STREET ADDRESS	2221 NW 64 AVE
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FLA 33313
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CAMARAIRE, SUSAN	2.2 NAME	
STREET ADDRESS	2221 NW 64 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	V.D. <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CAMARAIRE, RONALD	3.2 NAME	
STREET ADDRESS	2221 NW 64 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FLORIDA 33313	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Susan Camaraire**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 **954-742-5121**
Date Daytime Phone #

CR2E034 (9/96)